

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Quinton Perry

☐ Agent

☐ Addressee

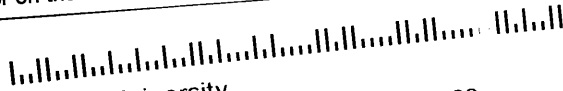
B. Received by (Printed Name)

Quinton Perry

C. Date of Delivery

AUG 24

Address different from item 1? ☐ Yes
delivery address below: ☐ No



Auburn University
c/o Lee F. Armstrong, General Counsel
101 Samford Hall
Auburn University, AL 36849-5163

07635 S+CP+AC

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

7006

2760 0005 4873 7927

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540